

<i>SERFF Tracking Number:</i>	<i>ASWX-G126699262</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>46088</i>
<i>Company Tracking Number:</i>	<i>AR00911FB00002</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>Group General-KC</i>		
<i>Project Name/Number:</i>	<i>Group General-KC/AR00911FB00002</i>		

Filing at a Glance

Company: Union Security Insurance Company

Product Name: Group General-KC

SERFF Tr Num: ASWX-G126699262

State: Arkansas

TOI: H11G Group Health - Disability Income

SERFF Status: Closed-Approved-Closed

State Tr Num: 46088

Sub-TOI: H11G.005 Combined Short Term and Long Term

Co Tr Num: AR00911FB00002

State Status: Approved-Closed

Filing Type: Form

Author: SPI
AssurantHealthandEmployeeBenef
Date Submitted: 06/29/2010

Reviewer(s): Rosalind Minor
Disposition Date: 07/14/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 08/02/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Group General-KC

Project Number: AR00911FB00002

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/14/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Other

Explanation for Other Group Market Type:

Other-ALL Eligible Groups Except Credit

State Status Changed: 07/14/2010

Created By: SPI

AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI AssurantHealthandEmployeeBenef

Filing Description:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

Form Number Description

SERFF Tracking Number: ASWX-G126699262 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 46088
Company Tracking Number: AR00911FB00002
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: Group General-KC
Project Name/Number: Group General-KC/AR00911FB00002

PC-LTD-278 Group Policy-Certificate endorsement form for use with Group Policy Form GP 90 and Group Certificate Form GC 90. This form modifies Form DefLt and DefLt99, previously approved by your Department to be used with GP 90 and GC 90.

PC-STD(Se)-279 Group Policy-Certificate endorsement form for use with Group Policy Form GP 90 and Group Certificate Form GC 90. This form modifies Form DefSt(Se), previously approved by your Department to be used with GP 90 and GC 90.

PC-STD-280 Group Policy-Certificate endorsement form for use with Group Policy Form GP 90 and Group Certificate Form GC 90. This form modifies Form DefSt, previously approved by your Department to be used with GP 90 and GC 90.

Except for the enclosed forms, all forms referred to above are currently on file with your Department. The variable material is indicated by boxes or brackets.

Company and Contact

Filing Contact Information

Murray Lord, Supervising Team Leader murray.lord@assurant.com
2323 Grand Blvd 816-474-2402 [Phone]
Kansas City, MO 64108 816-881-8755 [FAX]

Filing Company Information

Union Security Insurance Company CoCode: 70408 State of Domicile: Kansas
2323 Grand Blvd Group Code: 19 Company Type:
Kansas City, MO 64108 Group Name: State ID Number:
(800) 800-1212 ext. [Phone] FEIN Number: 81-0170040

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: ASWX-G126699262 *State:* Arkansas
Filing Company: Union Security Insurance Company *State Tracking Number:* 46088
Company Tracking Number: AR00911FB00002
TOI: H11G Group Health - Disability Income *Sub-TOI:* H11G.005 Combined Short Term and Long Term
Product Name: Group General-KC
Project Name/Number: Group General-KC/AR00911FB00002

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Security Insurance Company	\$150.00	06/29/2010	37639225

<i>SERFF Tracking Number:</i>	<i>ASWX-G126699262</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>46088</i>
<i>Company Tracking Number:</i>	<i>AR00911FB00002</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>Group General-KC</i>		
<i>Project Name/Number:</i>	<i>Group General-KC/AR00911FB00002</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/14/2010	07/14/2010

<i>SERFF Tracking Number:</i>	<i>ASWX-G126699262</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>46088</i>
<i>Company Tracking Number:</i>	<i>AR00911FB00002</i>		
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.005 Combined Short Term and Long Term</i>
<i>Product Name:</i>	<i>Group General-KC</i>		
<i>Project Name/Number:</i>	<i>Group General-KC/AR00911FB00002</i>		

Disposition

Disposition Date: 07/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ASWX-G126699262	State:	Arkansas
Filing Company:	Union Security Insurance Company	State Tracking Number:	46088
Company Tracking Number:	AR00911FB00002		
TOI:	H11G Group Health - Disability Income	Sub-TOI:	H11G.005 Combined Short Term and Long Term
Product Name:	Group General-KC		
Project Name/Number:	Group General-KC/AR00911FB00002		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Statement of variations PC-LTD-278	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT	Approved-Closed	Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Supporting Document	Statement of variations PC-STD(Se)-279	Approved-Closed	Yes
Supporting Document	Statement of variations PC-STD-280	Approved-Closed	Yes
Supporting Document	Cover letter	Approved-Closed	Yes
Form	Group Policy-Certificate Endorsement	Approved-Closed	Yes
Form	Group Policy-Certificate Endorsement	Approved-Closed	Yes
Form	Group Policy-Certificate Endorsement	Approved-Closed	Yes

SERFF Tracking Number: ASWX-G126699262 State: Arkansas

Filing Company: Union Security Insurance Company State Tracking Number: 46088

Company Tracking Number: AR00911FB00002

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term

Product Name: Group General-KC

Project Name/Number: Group General-KC/AR00911FB00002

Form Schedule

Lead Form Number: PC-LTD-278

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/14/2010	PC-LTD-278	Certificate Amendments, Insert Page, Endorsement or Rider	Group Policy-Certificate Endorsement	Initial		53.150	PC-LTD-278 with numbers.PDF
Approved-Closed 07/14/2010	PC-STD(Se)-279	Certificate Amendments, Insert Page, Endorsement or Rider	Group Policy-Certificate Endorsement	Initial		53.150	PC-STD(Se)-279 with numbers.PDF
Approved-Closed 07/14/2010	PC-STD-280	Certificate Amendments, Insert Page, Endorsement or Rider	Group Policy-Certificate Endorsement	Initial		53.150	PC-STD-280 with numbers.PDF

**ENDORSEMENTS [AND AMENDMENTS
(to be attached to the Certificate)]**

[Policy Number: G 0000]

Policyholder: The ABC Company

Amendment #1: Effective July 1, 2010, the *policy* is amended as follows:]

1

[1. The following definition of *specialty* is added for doctors or physicians to the DEFINITIONS FOR LONG TERM DISABILITY INSURANCE:]

1

Specialty means the general specialty or sub-specialty in which you were practicing immediately prior to becoming *disabled* and for which there is a specialty or sub-specialty recognized by the American Board of Medical Specialties. If the sub-specialty in which you were practicing immediately prior to becoming *disabled* is not recognized by the American Board of Medical Specialties, you will be considered practicing in the general specialty category.

1

[2. The following definition of *specialty* is added for attorneys or lawyers to the DEFINITIONS FOR LONG TERM DISABILITY INSURANCE:]

1

Specialty means the general specialty in which you were practicing for a significant portion of your time immediately prior to becoming *disabled* and for which there is a specialty recognized by the American Bar Association, your state, or any other state.

UNION SECURITY INSURANCE COMPANY



Assistant Secretary



President and Chief Executive Officer

Attest:

Registrar

Signed at _____

Date _____

Witness _____

Accepted _____

(signature and title)

**ENDORSEMENTS [AND AMENDMENTS
(to be attached to the Certificate)]**

[Policy Number: G 0000]

Policyholder: The ABC Company

Amendment #1: Effective July 1, 2010, the *policy* is amended as follows:]

1

[1. The following definition of *specialty* is added for doctors or physicians to the DEFINITIONS FOR SHORT TERM DISABILITY INSURANCE:]

1

Specialty means the general specialty or sub-specialty in which you were practicing immediately prior to becoming *disabled* and for which there is a specialty or sub-specialty recognized by the American Board of Medical Specialties. If the sub-specialty in which you were practicing immediately prior to becoming *disabled* is not recognized by the American Board of Medical Specialties, you will be considered practicing in the general specialty category.

1

[2. The following definition of *specialty* is added for attorneys or lawyers to the DEFINITIONS FOR SHORT TERM DISABILITY INSURANCE:]

1

Specialty means the general specialty in which you were practicing for a significant portion of your time immediately prior to becoming *disabled* and for which there is a specialty recognized by the American Bar Association, your state, or any other state.

UNION SECURITY INSURANCE COMPANY



Assistant Secretary



President and Chief Executive Officer

Attest:

Registrar

Signed at _____

Date _____

Witness _____

Accepted _____

(signature and title)

**ENDORSEMENTS [AND AMENDMENTS
(to be attached to the Certificate)]**

[Policy Number: G 0000]

Policyholder: The ABC Company

Amendment #1: Effective July 1, 2010, the *policy* is amended as follows:]

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[1. The following definition of *specialty* is added for doctors or physicians to the DEFINITIONS FOR SHORT TERM DISABILITY INSURANCE:]

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Specialty means the general specialty or sub-specialty in which you were practicing immediately prior to becoming *disabled* and for which there is a specialty or sub-specialty recognized by the American Board of Medical Specialties. If the sub-specialty in which you were practicing immediately prior to becoming *disabled* is not recognized by the American Board of Medical Specialties, you will be considered practicing in the general specialty category.

1

[2. The following definition of *specialty* is added for attorneys or lawyers to the DEFINITIONS FOR SHORT TERM DISABILITY INSURANCE:]

1

Specialty means the general specialty in which you were practicing for a significant portion of your time immediately prior to becoming *disabled* and for which there is a specialty recognized by the American Bar Association, your state, or any other state.

UNION SECURITY INSURANCE COMPANY



Assistant Secretary



President and Chief Executive Officer

Attest:

Registrar

Signed at _____

Date _____

Witness _____

Accepted _____

(signature and title)

SERFF Tracking Number:	ASWX-G126699262	State:	Arkansas
Filing Company:	Union Security Insurance Company	State Tracking Number:	46088
Company Tracking Number:	AR00911FB00002		
TOI:	H11G Group Health - Disability Income	Sub-TOI:	H11G.005 Combined Short Term and Long Term
Product Name:	Group General-KC		
Project Name/Number:	Group General-KC/AR00911FB00002		

Supporting Document Schedules

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	07/14/2010
Bypass Reason:	NA		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	07/14/2010
Comments:			
Attachment:			
	AR - READABILITY CERTIFICATION.PDF		

		Item Status:	Status
			Date:
Satisfied - Item:	Statement of variations PC-LTD-278	Approved-Closed	07/14/2010
Comments:			
Attachment:			
	PC-LTD-278 SOV.PDF		

		Item Status:	Status
			Date:
Satisfied - Item:	AR - NAIC TRANSMITTAL DOCUMENT	Approved-Closed	07/14/2010
Comments:			
Attachment:			
	AR - NAIC TRANSMITTAL DOCUMENT.PDF		

		Item Status:	Status
			Date:
Satisfied - Item:	AR - NAIC FORM FILING	Approved-Closed	07/14/2010

SERFF Tracking Number: ASWX-G126699262 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 46088
Company Tracking Number: AR00911FB00002
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term
Product Name: Group General-KC
Project Name/Number: Group General-KC/AR00911FB00002
ATTACHMENT

Comments:

Attachment:

AR - NAIC FORM FILING ATTACHMENT.PDF

	Item Status:	Status Date:
Satisfied - Item: Statement of variations PC-STD(Se)-279	Approved-Closed	07/14/2010

Comments:

Attachment:

PC-STD(Se)-279 SOV.PDF

	Item Status:	Status Date:
Satisfied - Item: Statement of variations PC-STD-280	Approved-Closed	07/14/2010

Comments:

Attachment:

PC-STD-280 SOV.PDF

	Item Status:	Status Date:
Satisfied - Item: Cover letter	Approved-Closed	07/14/2010

Comments:

Attachment:

templateletter.PDF

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: Union Security Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
PC-LTD-278	53.15
PC-STD(Se)-279	53.15
PC-STD-280	53.15

Signed: *Elizabeth A. Herbert*
Name: Elizabeth Herbert
Title: Vice President, Compliance
Date: 6/30/2010

Union Security Insurance Company
Statement of Variations
Policy/Certificate Endorsement Form PC-LTD-278


The variable and illustrative material in the Policy/Certificate form has been indicated by boxes or brackets. The variable material, which requires explanation pursuant to your Department's request, has been indicated by numbers. The explanation of the nature and scope of these variations is set forth below, according to number.

1. This text will appear as shown or will be deleted in its entirety.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Union Security Insurance Company 2323 Grand Blvd Kansas City MO 64108	KS		0019	70408	81-0170040	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Murray Lord 2323 Grand Blvd Kansas City MO 64108	816-474-2402	816-881-8755	murray.lord@assurant.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	AR00911FB00002					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Other: _____ </div> <div>Group</div> </div>					
9.	Type of Insurance	H11G Group Health - Disability Income					
10.	Product Coding Matrix Filing Code	H11G.005 Combined Short Term and Long Term					
11.	Submitted Documents	<input checked="" type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	6/30/10
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	12/1/09
15.	Filing Description:	
	<p>We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.</p> <p>Form Number Description PC-LTD-278 Group Policy-Certificate endorsement form for use with Group Policy Form GP 90 and Group Certificate Form GC 90. This form modifies Form DefLt and DefLt99, previously approved by your Department to be used with GP 90 and GC 90.</p> <p>PC-STD(Se)-279 Group Policy-Certificate endorsement form for use with Group Policy Form GP 90 and Group Certificate Form GC 90. This form modifies Form DefSt(Se), previously approved by your Department to be used with GP 90 and GC 90.</p> <p>PC-STD-280 Group Policy-Certificate endorsement form for use with Group Policy Form GP 90 and Group Certificate Form GC 90. This form modifies Form DefSt, previously approved by your Department to be used with GP 90 and GC 90.</p> <p>Except for the enclosed forms, all forms referred to above are currently on file with your Department. The variable material is indicated by boxes or brackets.</p>	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Murray Lord</u> Title <u>Supervising Team Leader</u></p> <p>Signature <u></u> Date <u>6/30/10</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR00911FB00002
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Policy-Certificate Endorsement	PC-LTD-278	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Group Policy-Certificate Endorsement	PC-STD(Se)-279	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Group Policy-Certificate Endorsement	PC-STD-280	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

Union Security Insurance Company
Statement of Variations
Policy/Certificate Endorsement Form PC-STD(Se)-279

The variable and illustrative material in the Policy/Certificate form has been indicated by boxes or brackets. The variable material, which requires explanation pursuant to your Department's request, has been indicated by numbers. The explanation of the nature and scope of these variations is set forth below, according to number.

1. This text will appear as shown or will be deleted in its entirety.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Endorsement Form PC-STD-280

The variable and illustrative material in the Policy/Certificate form has been indicated by boxes or brackets. The variable material, which requires explanation pursuant to your Department's request, has been indicated by numbers. The explanation of the nature and scope of these variations is set forth below, according to number.

1. This text will appear as shown or will be deleted in its entirety.



ASSURANT
Employee
Benefits

Union Security
Insurance Company
2323 Grand Blvd.
Kansas City,
Missouri
64108-2670

June 30, 2010

Hon. Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Dear Commissioner Bradford:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

Form Number	Description
PC-LTD-278	Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. This form modifies Form DefLt and DefLt99, previously approved by your Department to be used with GP-90 and GC-90.
PC-STD(Se)-279	Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. This form modifies Form DefSt(Se), previously approved by your Department to be used with GP-90 and GC-90.
PC-STD-280	Group Policy-Certificate endorsement form for use with Group Policy Form GP-90 and Group Certificate Form GC-90. This form modifies Form DefSt, previously approved by your Department to be used with GP-90 and GC-90.

Page two

Except for the enclosed forms, all forms referred to above are currently on file with your Department. The variable material is indicated by boxes or brackets.

Please advise us of your action on these forms in accordance with your usual practices.

Sincerely,

Sharon Miller
Senior Contract Compliance Analyst
T. 816.881.8547
F. 816.881.8755
E-mail address: Sharon.Miller@assurant.com